

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILED DATE

APPLICANT'S

10/559715

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	7					51		7			
2		1						52		1			
3		1						53		1			
4		1						54		1			
5		1						55		1			
6		1						56		1			
7		1						57		1			
8		1						58		1			
9		1						59		1			
10		1						60		1			
11		1						61		1			
12		1						62		1			
13		1						63		1			
14		1						64		1			
15		1						65		1			
16		1						66					
17		1						67					
18		1						68					
19		1						69					
20		1						70					
21		1						71					
22		1						72					
23		1						73					
24		1						74					
25	1							75					
26		1						76					
27	1							77					
28		1						78					
29		1						79					
30		1						80					
31	1							81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39		1						89					
40		1						90					
41		1						91					
42		1						92					
43		1						93					
44		1						94					
45		1						95					
46		1						96					
47		1						97					
48		1						98					
49		1						99					
50		1						100					
TOTAL CFS			↓	1		↓		TOTAL CFS		4		↓	
TOTAL CFS			←		←			TOTAL CFS		29		←	
TOTAL CLMS			██████████	1	██████████			TOTAL CLMS		33		██████████	

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